

GUAM REGIONAL TRANSIT AUTHORITY – CONSUMER COMPLAINT FORM

DATE & TIME: _____

CONTROL NO. _____

All Complaints must be in writing and submitted to the General Manager – Guam Regional Transit Authority; P.O. Box 2896 Hagatna Guam 96932.

All Complaints should include the name and address of the person filing the complaint and be specific as to the exact date, time, place and details with complete description as well as any witness.

PLEASE COMPLETE PARTS I, II and III

PART 1 – Complainant Information

Name:	Mailing Address:
Source: Phone <input type="checkbox"/> Personal Visit <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/>	Contact No.:

PART II – Nature of Complaint -

PART III – Operational Information

Date & time of Incident:	Vehicle Lic.# & Route:
Service Component: DOA-DPTS Admin. <input type="checkbox"/> Paratransit <input type="checkbox"/> Fixed Route <input type="checkbox"/> Demand Response <input type="checkbox"/> Other <input type="checkbox"/>	Driver's Name:

FOR OFFICIAL USE ONLY

PART IV – Findings and Course of Action Taken

<u>Findings</u>	<u>Course of Action Taken</u>

Name of Person Taking complaint:	Date & Time Reported to Contractor and Acknowledgement:
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PART V – Status

Complaint Resolved <input type="checkbox"/>	Complaint Forwarded to Guam Regional Transit Authority System Grievance Review & Appeals Committee <input type="checkbox"/>
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